

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9	1					
10	1					
11	1					
12	4					
13	4					
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				